



COST RECOVERY PAYMENT PLAN

RN Name: _____

License No: _____

Decision/Stipulation No: _____

Probation Condition: _____

Payment Terms: _____

Current Amount Due: \$ _____

Cost Recovery Payment Changes

- ❖ Now available online.
 - ◆ Go to <https://www.breeze.ca.gov/datamart/loginCADCA.do>
 - ◆ If you are a new user, click <https://www.breeze.ca.gov/datamart/registration.do?from=loginPage> or “BreEZe Registration” and follow the steps.
 - ◆ Payments can be made with any card that has a Visa or Mastercard logo.
- ❖ Please keep in mind this is a new system. **If you submit a payment and get an error, do not try to submit the payment a second time.** Contact your probation monitor if this issue occurs. Once a payment is made you will get a receipt for your records.
- ❖ Payments can also still be submitted by check, cashier's check, or money order. Those payments can be mailed to:
 - ◆ Board of Registered Nursing
Attn: Cashiering
1747 N. Market Blvd., Ste 150
Sacramento, CA 95834
 - ◆ Write your RN number on the check or money order.

In accordance with my probation requirement, I propose to make payment(s) to the Board as follows:

I will make an initial payment of \$ _____ by _____. Thereafter, I will make _____ payments in the amount of \$ _____ to reach the Board by the first day of each month thereafter, until the total amount is paid in full.

I understand that if I fail to make any payment(s) as I have described within this payment plan, I will be in violation of my probation requirements and possibly face further disciplinary action against my RN license. I am also aware of Business & Professions Code Section 125.3 that allows the Board to recover the costs of investigation and enforcement.

RN SIGNATURE

DATE

BOARD REPRESENTATIVE

DATE